

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
2	2

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1501.87

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

05/23/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
146 S Oxford Ave #1

Amount

472.58

City
Los AngelesState
CAZip Code
90004Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

21059.01

Full Name (Last, First, Middle Initial) of Payee
Joshua Sabato

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
611 Lead Ave SW #505

Amount

236.34

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

709.02

Full Name (Last, First, Middle Initial) of Payee
Kirk Kirk

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
3017 Stevenson Place NW

Amount

206.75

City
WashingtonState
DCZip Code
20015Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

620.25

(a) SUBTOTAL of Itemized Independent Expenditures

915.67

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 5**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Brian McGann

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
3908 Victoria Oaks Trail

Amount

147.66

City
AnnandaleState
VAZip Code
22003Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

494.49

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Liam Flynn

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
283 Rimbly Ave

Amount

147.66

City
GahannaState
OHZip Code
43230Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

442.98

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Papa John's Pizza

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
2206 Central Ave SW

Amount

59.35

City
AlbuquerqueState
NMZip Code
87106Purpose of Expenditure
pizza canvassersCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

531.71

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

354.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Office Depot

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
5001 Cutler Ave NE

Amount

132.50

City
AlbuquerqueState
NMZip Code
87110Purpose of Expenditure
office suppliesCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

1038.64

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Barelas Coffee House

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
1502 4th St SW

Amount

15.35

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
activist lunchCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

15.35

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jesse Lifton

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
611 Lead Ave SW #920

Amount

25.25

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate☐ President

District: _____

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

50.50

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

173.10

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Smith's

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
320 Yale Blvd SE

Amount

11.97

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
water for canvassersCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

11.97

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
611 LEad Ave #502

Amount

21.21

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

21059.01

Full Name (Last, First, Middle Initial) of Payee
Brian McGann

Date

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8Mailing Address
611 Lead Ave SW #428

Amount

25.25

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonDisbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

494.49

(a) SUBTOTAL of Itemized Independent Expenditures

58.43

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1501.87